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Application Number

Filing Date

Group Art Unit

Examiner Name

Attorney Docket Number

	U.S. PATENT DOCU	MENTS		
U.S. Patent Document Number Kind Code ² (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
4630209	Saito, et al.	12-16-1986		
4888698	Miessen et al.	12-19-1989		
2754 8AC	Josse, et al.	5-19-1998		
5953722	Compert et al	9-14-1999		
5966 135	Roy, et al	10-12-1999		
5968 109	Israni, et al.	10-19-1999		
5974419	Achby, et al.	10-76-1999		
6018695	Ahrens, et. A	1-25-2000		
6038228	Achby, et al	3-14-2000		
	Number Kind Code (4630-209) 4888698 5754846 5953722 5968109 5974419 6018695	Number Kind Cores Number (Frome) William Was 2009 Was 400 Was	Number Nitro Coale Name of Peterneer of Applicant of Peterneer of	

				FORE	IGN PATENT DOCUMENT	rs		\neg
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